

PHA 5-Year and Annual Plan 2010 Tn015v01	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: Athens Housing Authority PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard PHA Fiscal Year Beginning: (MM/YYYY): 10/2010 PHA Code: TN015 <input type="checkbox"/> HCV (Section 8)												
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 441 Number of HCV units: 160												
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
4.0	PHA Consortia NA <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	PH	HCV						
PH	HCV												
	PHA 1:												
	PHA 2:												
	PHA 3:												
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.												
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the Athens Housing Authority is to provide drug free, decent, safe and sanitary housing for eligible families and to provide opportunities and promote self-sufficiency and economic independence for residents.												
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. FY 2010-2014 GOALS AND OBJECTIVES HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing. <input type="checkbox"/> PHA Goal: Expand the supply of assisted housing Objectives: <input type="checkbox"/> Apply for additional rental vouchers: <input type="checkbox"/> Reduce public housing vacancies: <input type="checkbox"/> Leverage private or other public funds to create additional housing opportunities: <input type="checkbox"/> Acquire or build units or developments <input type="checkbox"/> Other (list below) <input checked="" type="checkbox"/> PHA Goal: Improve the quality of assisted housing Objectives: <input type="checkbox"/> Improve public housing management: (PHAS score) <input type="checkbox"/> Improve voucher management: (SEMAP score) <input checked="" type="checkbox"/> Increase customer satisfaction: <input type="checkbox"/> Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) <input checked="" type="checkbox"/> Renovate or modernize public housing units: <input type="checkbox"/> Demolish or dispose of obsolete public housing: <input type="checkbox"/> Provide replacement public housing: <input type="checkbox"/> Provide replacement vouchers: <input type="checkbox"/> Other: (list below) <input type="checkbox"/> PHA Goal: Increase assisted housing choices Objectives: <input type="checkbox"/> Provide voucher mobility counseling: <input type="checkbox"/> Conduct outreach efforts to potential voucher landlords <input type="checkbox"/> Increase voucher payment standards <input type="checkbox"/> Implement voucher homeownership program: <input type="checkbox"/> Implement public housing or other homeownership programs: <input type="checkbox"/> Implement public housing site-based waiting lists:												

- ☐ Convert public housing to vouchers:
☐ Other: (list below)

HUD Strategic Goal: Improve community quality of life and economic vitality

☒ PHA Goal: Provide an improved living environment

Objectives:

- ☐ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
☐ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
☒ Implement public housing security improvements:
☐ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
☐ Other: (list below)

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

☒ PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- ☐ Increase the number and percentage of employed persons in assisted families:
☒ Provide or attract supportive services to improve assistance recipients' employability:
☐ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
☐ Other: (list below)

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

☒ PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- ☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
☒ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
☒ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
☐ Other: (list below)

Other PHA Goals and Objectives: (list below)

PHA Goal: Promote energy efficiency practices and products when performing rehabilitation, repair and replacement in public housing developments.

Objective: Incorporate, when applicable, Energy Star Program qualified products and practices.

VAWA Goals and Objectives:

PHA Goal: VAWA activities, services or programs provided or offered by an agency, either directly or in partnership with other service providers, to child and adult victims of domestic violence, dating violence, sexual assault or stalking.

Objective: In elderly care abusive situations, the AHA will call the Adult Protective Services through the Department of Human Services. In the case of women or men in abusive or domestic violence situations, the AHA will have the resident contact the local police department to file a report or to get an order of protection, if needed. The AHA then refers the tenants to The Hope Center, an agency offering support for victims of domestic violence and sexual assault. The Hope Center provides shelter, a crisis hot line, counseling, information and referral, legal and systems advocacy and support groups. The Center also refers their clients to the AHA for housing. Additionally, the AHA requests that individuals certify that they are a victim of abuse and that the incidences of abuse are bona fide. The certification must include the name of the perpetrator and any other statutorily required information.

PHA Goal: VAWA activities, services or programs provided or offered by a public housing agency that helps child and adult victims of domestic violence, dating violence, sexual assault or stalking to obtain or maintain housing.

Objective: The AHA makes diligent efforts to counsel tenants relative to their problems and refers them to the appropriate agencies listed above to obtain any necessary counseling. Additionally, the Authority's VAWA Policy permits victims of violence to maintain their current housing while evicting a household member who has engaged in the criminal act of physical violence.

PHA Goal: VAWA activities, services or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault and stalking or to enhance victim safety in assisted families.

Objective: The AHA's policies are set to promote stability and a secure safe environment for their families. The definition of family is: Two or more persons sharing residency whose income and resources are available to meet the family's needs and who are either related by blood, adoption or marriage and have evidenced a stable family relationship for a minimum of six (6) months. (Includes an adult and foster child or a person living alone during the temporary absence of a family member who will later return and live regularly in the unit of the family.); Single pregnant women with no other family members. However, pregnancy must be verified when it is the sole basis for determining eligibility; An elderly family; The remaining member of a tenant family; A displaced person; and, any other single person who is not 62 years or older, disabled, handicapped or displaced. This allows the AHA to control who legally stays in the apartments. Boyfriends or girlfriends are not allowed to move in and out of apartments, which could lead to violence or domestic violence situations. Domestic violence victims often follow a pattern of allowing the same violent person to come and go in the

	<p>household. When the AHA becomes aware of a violent situation or a potential violent situation, the AHA enforces their Trespass Policy. This allows the AHA to ban anyone from the Athens Housing Authority property who have made threats of violence or have committed violent crimes. The AHA conducts police checks on all adult applicants which includes any adults applying to be added to a tenant household. They are not added to the lease until their application has been processed and police reports checked.</p> <p>STATEMENT OF PROGRESS IN MEETING GOALS AND OBJECTIVES</p> <p>Objective – Increase customer satisfaction: The Athens Housing Authority (AHA) is attempting to keep residents better informed of AHA policies and programs as well as overall Authority information through their newsletters and through quarterly meetings with the Resident Advisory Board members.</p> <p>Objective – Renovate or modernize public housing units: The AHA has continually upgraded its public housing units through the Comprehensive Grant Program as well as the Capital Funds Program. All modernization activities are addressed in accordance with need as well as residents' requests in all developments.</p> <p>Objective – Implement public housing security improvements: The Athens Housing Authority in cooperation with the City of Athens Police Department has a Community Oriented Policing Services Program. This program provides supplemental police and security services for all Authority developments in addition too educational and community service activities.</p> <p>Objective – Provide or attract supportive services to improve assistance recipients' employability: The AHA offers and provides a variety of services and programs to their residents to achieve self-sufficiency and improve assistance recipients' employability. These services and programs include Evenstart, an After School Program, the Families First Program, Adult Basic Education, and various services offered through United Way.</p> <p>Objective – Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: The AHA continues to operate its public housing program to ensure equal access to all regardless of race, color, religion, national origin, sex, familial status, and disability.</p> <p>Objective – Undertake affirmative measures to provide a suitable living environment for families living in assisted housing regardless of race, color, religion, national origin, sex, familial status and disability: The AHA's operations and management, inspections, maintenance, and modernization programs are spread equally among all developments.</p> <p>Objective – Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: The AHA provides accessible units where needed by our residents. To date, the AHA has more resources than necessary to meet the current needs.</p> <p>Objective - Promote energy efficiency practices and products when performing rehabilitation, repair and replacement in public housing developments: The AHA will incorporate, when applicable, Energy Star Program qualified products and practices when performing rehabilitation, repair and replacement in their public housing developments.</p>
6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <p>Financial Resources: The AHA Financial Statement including PHA Operating and Capital Funds, Section 8 Funds, Rental Income, Investments etc. change on an annual basis. The AHA maintains this information on file and makes it available for HUD and public review at the AHA Administration Office.</p> <p>Operation and Management: The AHA adopted an ARRA Procurement Policy for implementing the stimulus funds as recommended by HUD. This policy also includes a clause relative to the "Buy American" requirement.</p> <p>Fiscal Year Audit: The AHA's most recent Audit is on file at the AHA Administration Office and is available for HUD and public review.</p> <p>Violence Against Women Act (VAWA): The AHA has completed the required VAWA Policy which is attached along with a description on how the AHA serves the needs of child and adult victims of domestic violence, dating violence, sexual assault or stalking.</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p>Athens Housing Authority Administration Office, 199 Clark Street Street, Athens, Tennessee 37303</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p>Not Applicable: The AHA is not participating in any of the above listed programs.</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>See attached Forms HUD 50075.1 for FFY 2010 and all open CFP Grants.</p>

8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>See attached Form HUD 50075.2 for Five-Year CFP.</p>
8.3	<p>Capital Fund Financing Program (CFFP).</p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> <p>Not Applicable</p>

Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

The AHA has consulted with the State of Tennessee 2005-2010 Consolidated Plan for Housing and Community Development (developed by the THDA) in an effort to identify specific housing needs. Housing needs data for the AHA and this Agency Plan has also been developed from the 2000 Census and the AHA current public housing waiting list. See tables below:

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall*	Afford-ability	Supply	Quality	Access-ibility	Size	Location
Income <= 30% of AMI	240	3	3	2	1	NA	NA
Income >30% but <=50% of AMI	74	2	2	2	1	NA	NA
Income >50% but <80% of AMI	120	1	2	2	1	NA	NA
Elderly	353	1	2	2	1	NA	NA
Families with Disabilities	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity/White	1815	NA	NA	NA	NA	NA	NA
Race/Ethnicity/Black	254	NA	NA	NA	NA	NA	NA
Race/Ethnicity/Hispanic	50	NA	NA	NA	NA	NA	NA
Race/Ethnicity/	NA	NA	NA	NA	NA	NA	NA

*Source: CHAS Data, Athens, Tennessee Jurisdiction Area, 2000 Census

Housing Needs of Families on the PHA's Current Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total:	47		
Extremely low income <=30% AMI	42	89%	
Very low income(>30% but <=50% AMI)	4	9%	
Low income(>50% but <80% AMI)	1	2%	
Families with children	29	62%	
Elderly families	6	13%	
Families with Disabilities	0	0%	
Race/ethnicity White	40	86%	
Race/ethnicity Black	6	12%	
Race/ethnicity Hispanic	1	2%	
Race/ethnicity Other	0	0%	
Characteristics by Bedroom Size (Public Housing Only)			
0 BR	0	0%	
1 BR	17	36%	
2 BR	11	23%	
3 BR	7	15%	
4 BR	12	26%	
5 BR	0	0%	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? NA			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

*Source: Athens Housing Authority Public Housing Waiting List

Housing Needs of Families on the PHA's Current Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total:	32		
Extremely low income <=30% AMI	25	78%	
Very low income(>30% but <=50% AMI)	6	19%	
Low income(>50% but <80% AMI)	1	3%	
Families with children	23	72%	
Elderly families	5	16%	
Families with Disabilities	1	3%	
Race/ethnicity White	27	86%	
Race/ethnicity Black	4	12%	
Race/ethnicity Hispanic	1	2%	
Race/ethnicity Other	0	0%	
Characteristics by Bedroom Size (Public Housing Only)			
0 BR	NA	NA	NA
1 BR	NA	NA	NA
2 BR	NA	NA	NA
3 BR	NA	NA	NA
4 BR	NA	NA	NA
5 BR	NA	NA	NA
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? NA			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

*Source: Athens Housing Authority Section 8 Waiting List

9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>The AHA will continue its efforts to meet the specific needs of residents with in the jurisdiction of the AHA as identified above. Although the AHA will meet the needs of all of our residents, special emphasis will be directed towards the highest percentage needs such as the provision of smaller size bedroom units (1 & 2 bedroom sizes) for families with children, elderly and individuals with disabilities. In addition, the AHA will continue to employ effective management and maintenance policies to minimize vacancies and turnover time.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>As discussed in Section 5.2 of this form, the Athens Housing Authority continues its ongoing efforts to meet the Mission and Goals identified in our most recent 5-Year Agency Plan. The AHA is diligent in providing safe, descent and affordable housing; creating opportunities for our resident's self-sufficiency and economic independence; and assure fiscal integrity in all public housing programs. Our staff is continually striving to improve our management and service delivery efforts, as well as maintain the physical appearance and function of our dwelling units, grounds and facilities.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>AHA's definition of "Significant Amendment or Substantial Deviation":</p> <ol style="list-style-type: none"> 1. Changes to rent or admissions policies or organization of the waiting list. 2. Addition of non-emergency work, items (items not included in the Annual Statement or 5-Year Action Plan) or a change in the use of replacement reserve funds under the Capital Fund. 3. Any change with regard to demolition or disposition, designation, or homeownership programs or conversion activities. <p>An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) ATTACHED</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) ATTACHED</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) ATTACHED</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) ATTACHED</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) NA</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. ATTACHED</p> <p>(g) Challenged Elements NONE</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) ATTACHED</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) ATTACHED</p>

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011


Part I: Summary

PHA Name: Athens Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P01550110 Replacement Housing Factor Grant No:		FFY of Grant: 2010	
Date of CFFP: _____				FFY of Grant Approval: 2010	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost¹	
		Original	Revised²	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations (may not exceed 20% of line 20) ³	0			
3	1408 Management Improvements	36,000			
4	1410 Administration (may not exceed 10% of line 20)	32,000			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	44,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	36,474			
10	1460 Dwelling Structures	522,200			
11	1465.1 Dwelling Equipment—Nonexpendable	0			
12	1470 Non-dwelling Structures	0			
13	1475 Non-dwelling Equipment	0			
14	1485 Demolition	0			
15	1492 Moving to Work Demonstration	0			
16	1495.1 Relocation Costs	0			
17	1499 Development Activities ⁴	0			

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations
⁴ RHF funds shall be included here

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: TN37P01550110 Replacement Housing Factor Grant No:		Federal FY of Grant: 2010 FFY OF Grant Approval: 2010	
PHA Name: Athens Housing Authority					
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Revised²	Obligated	Total Actual Cost¹
18a	1501 Collateralization or Debt Service paid by the PHA		0		Expended
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment		0		
19	1502 Contingency (may not exceed 8% of line 20)	26,792			
20	Amount of Annual Grant: (sum of lines 2 – 19)	697,466			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Activities	0			
23	Amount of line 20 Related to Security – Soft Costs	36,000			
24	Amount of Line 20 Related to Security – Hard Costs	0			
25	Amount of line 20 Related to Energy Conservation Measures	0			
Signature of Executive Director 		Date 7.14.2010		Signature of Public Housing Director Date	

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations
⁴ RHF funds shall be included here

Part II Supporting Pages									
PHA Name: Athens Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P01550110 CFFP (Yes/No): No			Federal FFY of Grant: 2010				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
TN015-003 Ester Bloom	Heating System	1460	18 units	63,000					
TN015-006 Ross Arrants	Plumbing Replacement	1460	12 units	25,000					
TN015-007 Forrest Hills	Heating System	1460	62 units	217,000					
TN015-009 Ridgeview	Floor Tile Bathroom Heat/Vent	1460 1460	20 units 20 units	25,000 6,000					
TN015-010 Pruett	Heating System Bathroom Heat/Vent Roofing	1460 1460 1460	26 units 34 units 34 units	91,000 10,200 85,000					
PHA-WIDE Management Improvements	Police and Security	1408	1	36,000					
PHA-WIDE Administration	Modernization Coordinator Employee Benefits	1410 1410	1 1	20,000 12,000					
PHA-WIDE Fees and Costs	Clerk-of-the-Works A/E Fees	1430 1430	1 1	14,000 30,000					

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Part III: Implementation Schedule for Capital Fund Program

PHA Name: Athens Housing Authority

Federal FY of Grant: 2010

Reasons for Revised Target Dates ¹[illegible]

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: TN37P01550109 Replacement Housing Factor Grant No: _____ Date of CFFP: _____		FFY of Grant: 2009 FFY of Grant Approval: 2009	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Revised²	Obligated	Total Actual Cost¹
		Original			Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 20) ³	0	0	0	0
3	1408 Management Improvements	35,000	35,000	35,000	15,019
4	1410 Administration (may not exceed 10% of line 20)	32,500	32,500	31,048	15,316
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	41,000	41,000	27,465	14,032
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	35,000	0	0	0
10	1460 Dwelling Structures	480,374	562,174	300,349	140,147
11	1465.1 Dwelling Equipment—Nonexpendable	46,800	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities ⁴	0	0	0	0

¹ To be completed for the Performance and Evaluation Report



² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations

⁴ RHF funds shall be included here

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number		Federal FY of Grant:	
PHA Name: Athens Housing Authority		Capital Fund Program Grant No: TN37P01550109 Replacement Housing Factor Grant No:		2009 FFY OF Grant Approval: 2009	
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Revised Annual Statement (revision no:)			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10		<input type="checkbox"/> Final Performance and Evaluation Report			
Summary by Development Account		Total Estimated Cost		Total Actual Cost¹	
Line	Description	Original	Revised²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	40,000	40,000	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	710,674	710,674	393,862	184,514
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	45,000	45,000	0	0
23	Amount of line 20 Related to Security – Soft Costs	35,000	35,000	0	0
24	Amount of Line 20 Related to Security – Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0
Signature of Executive Director		Signature of Public Housing Director		Date	
				7.14.2010	

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations
⁴ RHF funds shall be included here

Part II Supporting Pages											
PHA Name: Athens Housing Authority			Grant Type and Number Capital Fund Program Grant No: TN37P01550109 CFFP (Yes/No): No			Federal FFY of Grant: 2009					
Development Number Name/HA-Wide Activities			General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
							Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
TN015-001	Bathroom Renovations				1460	70 units	37,800	0	0	0	Deleted
	Clem Jones										
TN015-002	Bathroom Renovations				1460	12 units	6,480	0	0	0	Deleted
	W.E. Nash										
TN015-004	Ranges/Refrigerators				1465.1	45 units	46,800	0	0	0	Deleted
	Hillcrest										
TN015-005	Bathroom Renovations				1460	55 units	29,700	0	0	0	Deleted
	Westwood				1460	55 units	184,950	0	0	0	Deleted
	Interior Painting				1460	55 units	74,480	0	0	0	Deleted
TN015-006	Bathroom Renovations				1460	50 units	27,000	0	0	0	Deleted
	Security Screens				1460	50 units	38,000	38,000	0	0	
	Interior Painting				1460	50 units	0	66,000	66,000	58,212	
TN015-007	Step Repairs				1450	75 units	35,000	35,000	0	0	
	Carbon Monoxide Detectors				1460	137 units	0	21,204	21,204	0	
	Electrical Upgrades				1460	137 units	0	148,414	0	0	
TN015-009	Heat Replacement				1460	20 units	9,700	0	0	0	Deleted
	Ridgeview										
TN015-010	Termite Treatment				1460	34 units	0	11,895	11,895	10,706	
	Pruett										

Part II Supporting Pages

[illegible]

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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OMB No. 2577-0226
Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Program

PHA Name: Athens Housing Authority				Federal FY of Grant: 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
TN015-001 Clem Jones	09/14/2011		09/14/2013		
TN015-002 W.E. Nash	09/14/2011		09/14/2013		
TN015-004 Hillcrest	09/14/2011		09/14/2013		
TN015-005 Westwood Heights	09/14/2011		09/14/2013		
TN015-006 Ross Arrants	09/14/2011		09/14/2013		
TN015-007 Forrest Hills	09/14/2011		09/14/2013		
TN015-009 Ridgeview	09/14/2011		09/14/2013		
TN015-010 Pruett	09/14/2011		09/14/2013		
PHA-WIDE Management Improvements	09/14/2011		09/14/2013		

Part III: Implementation Schedule for Capital Fund Program

[illegible]

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program


U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: TN37S01550109 Replacement Housing Factor Grant No:)		FFY of Grant: ARRA FFY of Grant Approval: 2009	
PHA Name: Athens Housing Authority		Reserve for Disasters/ Emergencies <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10		Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Date of CFFP:					
Summary by Development Account		Total Estimated Cost		Total Actual Cost¹	
Line		Original	Revised²	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 20) ³	0	0	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration (may not exceed 10% of line 20)	37,000	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	45,000	36,850	36,850	32,083
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	817,072	862,722	862,722	562,868
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities ⁴	0	0	0	0

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations
⁴ RHF funds shall be included here

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
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Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: TN37S01550109 Replacement Housing Factor Grant No:		Federal FY of Grant: ARRA FFY OF Grant Approval: 2009	
PHA Name: Athens Housing Authority					
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10 <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost Revised²	Obligated	Total Actual Cost¹ Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	899,572	899,572	899,572	594,951
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security – Soft Costs	0	0	0	0
24	Amount of Line 20 Related to Security – Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0
Signature of Executive Director 		Date 7.14.2010		Signature of Public Housing Director Date	

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations
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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II Supporting Pages									
PHA Name: Athens Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37S01550109 CFFP (Yes/No): No				Federal FFY of Grant: ARRA			
Development Number Name/HA-Wide Activities		General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
TN015-004	Kitchen Renovations	1460	45 units	155,964	106,081	98,284	In Progress		
Hillcrest	Roofing	1460	45 units	157,500	76,222	68,600	In Progress		
	Painting	1460	45 units	43,835	86,729	56,259	In Progress		
TN015-005	Kitchen Renovations	1460	55 units	190,622	148,039	135,183	In Progress		
Westwood	Painting	1460	55 units	59,739	90,090	79,681	In Progress		
Heights									
TN015-007	Flooring	1460	137 units	209,412	133,334	107,135	In Progress		
Forrest Hills									
PHA-WIDE	Advertising	1410	1	500	0	0	Deleted		
Administration	Modernization Coordinator	1410	1	25,000	0	0	Deleted		
	Employee Benefits	1410	1	12,000	0	0	Deleted		
PHA-WIDE	Clerk-of-the-Works	1430	1	15,000	0	0	Deleted		
Fees and Costs	A/E Fees	1430	1	30,000	36,850	32,083	In Progress		
PHA-WIDE	Handicap Renovations	1460	PHA-wide	0	222,227	17,726			
Dwelling									
Structures									

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: TN37P01550108 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2008 FFY of Grant Approval: 2008	
PHA Name: Athens Housing Authority					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost¹	
		Original	Revised²	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 20) ³	0	0	0	0
3	1408 Management Improvements	30,000	19,981	19,981	19,981
4	1410 Administration (may not exceed 10% of line 20)	25,689	17,740	17,740	17,740
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	42,031	38,934	38,934	38,934
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	612,954	634,019	634,019	634,019
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities ⁴	0	0	0	0

¹ To be completed for the Performance and Evaluation Report

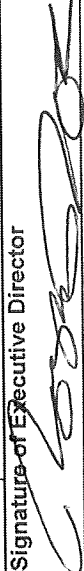

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: TN37P01550108 Replacement Housing Factor Grant No:		Federal FY of Grant: 2008 FFY OF Grant Approval: 2008	
PHA Name: Athens Housing Authority					
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10 <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
Summary by Development Account		Total Estimated Cost		Total Actual Cost¹	
Line		Original	Revised²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	710,674	710,674	710,674	710,674
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security – Soft Costs	30,000	19,981	19,981	19,981
24	Amount of Line 20 Related to Security – Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0
Signature of Executive Director 		Signature of Public Housing Director 		Date 7-14-2010	

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations
⁴ RHF funds shall be included here

Part II Supporting Pages		Federal FFY of Grant: 2008				
PHA Name: Athens Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P01550108 CFFP (Yes/No): No Replacement Housing Factor Grant No:				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Status of Work
				Original	Revised ¹	
					Funds Obligated ²	Funds Expended ²
TN015-001 Clem Jones	Bathroom Renovations	1460	70 units	0	34,507	34,507
TN015-002 W.E. Nash	Bathroom Renovations	1460	12 units	0	6,480	6,480
TN015-004 Hillcrest	Bathroom Renovations Kitchen Renovations Interior Painting Exterior Doors Air Conditioners Handicap Renovations	1460 1460 1460 1460 1460 1460	45 units 45 units 45 units 45 units 45 units Dev.-wide	0 0 0 0 0 203,242	0 0 0 0 0 196,242	0 0 0 0 0 196,242
TN015-006 Ross Arrants	Kitchen Renovations	1460	50 units	189,889	206,692	206,692
TN015-007 Forrest Hills	Step Repairs Bathroom Renovations Exterior Painting	1450 1460 1460	75 units 75 units 75 units	0 183,673 36,150	0 137,205 36,150	0 137,205 36,150
TN015-009 Ridgeview	Heat Replacement	1460	20 units	0	16,743	16,743
PHA-WIDE Operations	Operating Expense	1406	1	0	0	0

Part II Supporting Pages

[illegible]

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Program

PHA Name: Athens Housing Authority				Federal FY of Grant: 2008	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
TN015-001 Clem Jones	06/12/2010	03/31/2009	06/12/2012	09/30/2009	
TN015-002 W.E. Nash	06/12/2010	03/31/2009	06/12/2012	09/30/2009	
TN015-004 Hillcrest	06/12/2010	03/31/2009	06/12/2012	09/30/2009	
TN015-006 Ross Arrants	06/12/2010	03/31/2009	06/12/2012	09/30/2009	
TN015-007 Forrest Hills	06/12/2010	03/31/2009	06/12/2012	09/30/2009	
TN015-009 Ridgeview	06/12/2010	03/31/2009	06/12/2012	09/30/2009	
PHA-WIDE Operations	NA	NA	NA	NA	
PHA-WIDE Management Improvements	06/12/2010	03/31/2009	06/12/2012	09/30/2009	
PHA-WIDE Administration	06/12/2010	03/31/2009	06/12/2012	09/30/2009	

Part III: Implementation Schedule for Capital Fund Program

[illegible]

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9(j) of the U.S. Housing Act of 1937, as amended

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part I: Summary				
PHA Name/Number Athens Housing Authority/TN015		Locality (City/County & State) Athens/McMinn County Tennessee		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012
B.	Physical Improvements Subtotal	Amended Statement	545,150	561,000
C.	Management Improvements		37,000	37,000
D.	PHA-Wide Non-dwelling Structures and Equipment		0	0
E.	Administration		48,500	48,500
F.	Other (1430,1502)		66,816	50,966
G.	Operations		0	0
H.	Demolition		0	0
I.	Development		0	0
J.	Capital Fund Financing – Debt Service		0	0
K.	Total CFP Funds		697,466	697,466
L.	Total Non-CFP Funds		0	0
M.	Grand Total		697,466	697,466

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001**

Part I: Summary (Continuation)

[illegible]

U.S. Department of Housing and Urban Development
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Expires 4/30/2001

Page 3 of 6

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part II: Supporting Pages – Physical Needs Work Statement(s)					
Work Statement for Year 1 FFY 2010	Work Statement for Year: 4 FFY 2013			Work Statement for Year: 5 FFY 2014	
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity Estimated Cost
See Annual Statement	TN015-001/Clem Jones Ranges/Refrigerators	70 units	66,500	TN015-001/Clem Jones Plumbing	70 units 28,000
	TN015-002/W.E. Nash Ranges/Refrigerators	12 units	11,400	Water Heaters	70 units 45,500
	TN015-007/Forrest Hills Roofing	137 units	411,000	TN015-002/W.E. Nash Plumbing	12 units
	TN015-009/Ridgeview Ranges/Refrigerators	20 units	19,000	Water Heaters	12 units 7,800
	TN015-010/Pruett Ranges/Refrigerators	34 units	32,300	TN015-003/Ester Bloom Plumbing	18 units 7,200
				Water Heaters	18 units 11,700
				TN015-004/Hillcrest Exterior Doors	45 units 67,500
				Water Heaters	45 units 29,250
				TN015-005/Westwood Heights Exterior Doors	55 units 82,500
				TN015-006/Ross Arrants Exterior Doors	50 units 75,000
				Water Heaters	50 units 32,500
				TN015-007/Forrest Hills Water Heaters	137 units 89,050
				PHA-WIDE/Dwelling Structures Exterior Painting	PHA-wide 78,000
	Subtotal of Estimated Cost		\$540,200	Subtotal of Estimated Cost	\$558,800

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001**

Part III: Supporting Pages – Management Needs Work Statement(s)					
Work Statement for Year 1 FFY 2010	Work Statement for Year: 2 FFY 2011		Work Statement for Year: 3 FFY 2012		
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost	Estimated Cost
See Annual Statement	Police and Security	37,000	Police and Security	37,000	37,000
	Subtotal of Estimated Cost	\$37,000	Subtotal of Estimated Cost		\$37,000

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001**

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2010	Work Statement for Year: 4 FFY 2013		Work Statement for Year: 5 FFY 2014	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	Police and Security	39,000	Police and Security	40,000
	Subtotal of Estimated Cost	\$39,000	Subtotal of Estimated Cost	\$40,000

APPENDIX- S

VIOLENCE AGAINST WOMEN ACT POLICY

BACKGROUND

The Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA) provides protection for tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on such acts of violence against them.

In general, the law provides, in part, that criminal activity directly relating to domestic violence, dating violence or stalking, engaged in by a member of a tenant's household, or any guest or other persons under the tenant's control, shall not be cause for termination of assistance, tenancy or occupancy rights of the tenant or immediate family member of the tenant's family is the victim or threatened victim of the abuse. The law provides that an incident or incidents of actual or threatened domestic violence, dating violence or stalking will not be construed as serious or repeated violations of the lease by the victim or threatened victim of that violence, and will not be "good cause" for termination of assistance, tenancy, or occupancy rights of a victim of such violence.

Furthermore, the law allows a PHA to "bifurcate" a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to the lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant.

The VAWA also allows PHAs to request an individual to certify that the individual is a victim of abuse and that the incidences of abuse are bona fide. The certification must include the name of the perpetrator, and any other statutorily required information. The victim must provide the certification within 14 business days after the individual receives a request for such a certification from the PHA.

DEFINITIONS

The following definitions were incorporated into the United States Housing Act and apply to this policy:

Domestic Violence: Includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim share a child in common, by a person who is cohabitating with, or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Dating Violence: Violence committed by a person:

- who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- where the existence of such a relationship shall be determined based on a consideration of the following factors: 1) the length of the relationship; 2) the type of relationship, and 3) the frequency of interaction between the persons involved in the relationship.

Stalking: To follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to 1) that person; 2) a member of the immediate family of that person, or 3) the spouse or intimate partner of that person.

Immediate Family Member: A spouse, parent, brother or sister, or child of the person, or an individual to whom that person stands in loco parentis (in place of a parent); or any other person living in the household of that person and related to that person by blood or marriage.

POLICY

Admissions and Occupancy and Termination of Assistance

Being a victim of domestic violence, dating violence, or stalking, will not be considered by the Housing Authority to be a basis for denial of assistance, or admission to public housing if the application otherwise qualifies for assistance or admission.

Incidents or threats of abuse will not be construed by the HA as serious or repeated violations of the lease or other "good cause" for termination of the assistance, tenancy, or occupancy rights of a victim of abuse.

Criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of assistance, tenancy or occupancy rights if the tenant or an immediate family member of the tenant's family is the victim or threatened victim of the abuse.

Rights of the Housing Authority

The HA may bifurcate a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to the lease, in order to evict, remove, terminate occupancy rights or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant, and such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by federal, state and local law for the termination of leases, or assistance under HUD's Public Housing Program.

Certification of Abuse and Confidentiality

The HA will require that an individual certify that he/she is a victim of abuse and that the incidences of abuse are bonafide. The certification must include the name of the perpetrator, and any other statutorily required information. The victim must provide the certification to the PHA within 14 business days after the individual receives a request from the PHA. The individual may utilize the attached *Form HUD 50066, Certification of Domestic Violence, Dating Violence, or Stalking* to certify the abuse to the HA. In lieu of Form HUD 50066, the individual may provide the HA with documentation signed by an employee, agent, volunteer of a victim service provider, an attorney, or a medical profession from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking, or the affects of the abuse, in which the professional attests (under penalty or perjury (28 U.S.C. 1746) to the professionals believe that the incident or incidents in question are bonafide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation. In cases where the individual does not submit the required certification, the PHA may terminate assistance.

Notification to Residents

The PHA will provide notice to all residents and applicants of their rights under Section 6 of the United States Housing Act of 1937 as amended by the Violence Against Women Act of 2005. These rights include the residents' right to confidentiality and the limits thereof, the availability of Form HUD 50066, and that the resident may not be evicted solely on the basis that they are a victim of domestic violence. A sample notice is included with this policy.

Confidentiality

All information provided to the HA relating to the incident(s) of domestic violence, including the fact that the individual is a victim of domestic violence, dating violence, or stalking will be retained in confidence by the HA and will not be entered into any shared database nor provided to a related entity, except to the extent that the disclosure is (a) requested or consented by the individual in writing; (b) required for use in an eviction proceeding or termination of assistance; or, (c) otherwise required by applicable law.

NOTICE TO RESIDENTS AND APPLICANTS REGARDING RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT

The Violence Against Women Act of 2005 (VAWA) protects victims of domestic violence, dating violence and stalking. These changes affect all persons assisted under the Public Housing and Section 8 Program.

Individuals may not be denied housing assistance, terminated from Public Housing or evicted for being the victim of domestic violence, dating violence or stalking. However, the VAWA provides certain limitations and clarifications concerning your rights. In particular, you should know that nothing contained in VAWA:

1. Prevents the Housing Authority from terminating tenancy and evicting for any violation of a lease that is not based on a matter involving domestic violence, dating violence, or stalking for which VAWA provides protections as described above. However, the HA may not in such cases apply any stricter standard to you than to other tenants.
2. Prevents the PHA from terminating tenancy and evicting where the housing authority can demonstrate "an actual and imminent threat to other tenants or those employed at or providing service to the property." Where such a threat can be demonstrated by the HA, you will not be protected from eviction by VAWA.
3. Limits the ability of the HA to comply with court orders addressing rights of access to or control of the property. This includes civil protection orders entered for the protection of the victim or relating to the distribution or possession of property.
4. Supersedes any federal, state or local law that provides greater protections than VAWA.

VAWA also creates a new authority under federal law that allows a housing authority to evict, remove, or terminate assistance to any individual tenant or lawful occupant of public housing who engages in criminal acts of physical violence against family members or others. This may be done without evicting or taking any other action adverse to the other occupants.

If you believe that you qualify for protection under VAWA, please notify the PHA. You will be asked to provide proof of your situation by filling out Form HUD 50066 and/or providing a copy of an order of protection, police or court report or a signed document from a victim service provider, medical provider or attorney who has provided a service related to the violence. You must submit this information within 14 business days of the PHA's request for it. Protections may not apply if the documentation is provided after 14 days. Form HUD 50066 will be provided at the office.

The Housing Authority will make every effort to correspond with victims in a way that will not put them at greater risk. The HA may request that applicants or residents requesting VAWA protection come to the office to submit information. All information will be kept confidential by the Housing Authority and will not be shared or disclosed by the Housing Authority without your consent except as noted in the Confidentiality clause of the VAWA Policy.

You may obtain a copy of the PHA's written policy concerning domestic violence, dating violence, and stalking from the HA's main office. Please note that the written policy contains, among other things, definitions of the terms "domestic violence", "dating violence", "stalking", and "immediate family".

Other resources that may be of assistance include the National Domestic Violence Hotline (1-800-799-SAFE), and the National Domestic Violence Hotline website <http://www.ndvh.org>.

**CERTIFICATION OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
OR STALKING**

**U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing**

OMB Approval No. 2577-0249
Exp. (05/31/2007)

Public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Purpose of Form: The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

Use of Form: A family member must complete and submit this certification, or the information that may be provided in lieu of the certification, within 14 business days of receiving the written request for this certification by the PHA, owner or manager. The certification or alternate documentation must be returned to the person and address specified in the written request for the certification. If the family member has not provided the requested certification or the information that may be provided in lieu of the certification by the 14th business day or any extension of the date provided by the PHA, manager and owner, none of the protections afforded to victims of domestic violence, dating violence or stalking (collectively "domestic violence") under the Section 8 or public housing programs apply.

Note that a family member may provide, in lieu of this certification (or in addition to it):

- (1) A Federal, State, tribal, territorial, or local police or court record; or
- (2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.

TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE:

Date Written Request Received By Family Member:

Name of the Victim of Domestic Violence:

Name(s) of other family members listed on the lease

Name of the abuser:

Relationship to Victim:

**CERTIFICATION OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
OR STALKING**

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0249
Exp. (05/31/2007)

Date the incident of domestic violence occurred:

Time: _____

Location of Incident:

Name of victim:

Description of Incident:

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence or stalking and that the incident(s) in question are bona fide incidents of such actual or threatened abuse. I acknowledge that submission of false information relating to program eligibility is a basis for termination of assistance or eviction.

**CERTIFICATION OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
OR STALKING**

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0249
Exp. (05/31/2007)

Signature _____ Executed on (Date) _____

All information provided to a PHA, owner or manager relating to the incident(s) of domestic violence, including the fact that an individual is a victim of domestic violence shall be retained in confidence by an owner and shall neither be entered into any shared database nor provided to any related entity, except to the extent that such disclosure is (i) requested or consented to by the individual in writing; (ii) required for use in an eviction proceeding or termination of assistance; or (iii) otherwise required by applicable law.

**PHA Certifications of Compliance
with PHA Plans and Related
Regulations**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ☒ 5-Year and/or ☒ Annual PHA Plan for the PHA fiscal year beginning 2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurances as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Athens Housing Authority

TN015

PHA Name

PHA Number/HA Code

☒ 5-Year PHA Plan for Fiscal Years 20 10 - 20 14

☐ Annual PHA Plan for Fiscal Years 20 ____ - 20 ____

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Steve Heath

Title

Board Chairman

Signature

W. Steve Heath

Date

7/8/10

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Civil Rights Certification**Annual Certification and Board Resolution**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Athens Housing Authority

TN015

PHA Name

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official W.S.	Steve Heath Title Board Chairman
Signature W. Steve Heath	Date 7/8/10

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Athens Housing Authority

Program/Activity Receiving Federal Grant Funding

FFY 2010 Five Year and Annual Agency Plan

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

See Attached List

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

J. Ross Dodson, Jr.

Title

Executive Director

Signature

X 

Date

7-14-10

**ATHENS HOUSING AUTHORITY
DEVELOPMENTS**

TN015-001	Clem Jones	Athens, Tennessee
TN015-002	W.E. Nash	Athens, Tennessee
TN015-003	Ester Bloom	Athens, Tennessee
TN015-004	Hillcrest	Athens, Tennessee
TN015-005	Westwood	Athens, Tennessee
TN015-006	Ross Arrants	Athens, Tennessee
TN015-007	Forrest Hills	Athens, Tennessee
TN015-009	Ridgeview	Athens, Tennessee
TN015-010	Puett	Athens, Tennessee

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name

Athens Housing Authority

Program/Activity Receiving Federal Grant Funding

FFY 2010 Five Year and Annual Agency Plan

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

J. Ross Dodson, Jr.

Title

Executive Director

Signature



Date (mm/dd/yyyy)

7-14-10


DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

Approved by OMB

0348-0046

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year <u>NA</u> quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Athens Housing Authority 199 Clark Street Athens, Tennessee 37303 Congressional District, if known:			5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: NA Congressional District, if known:		
6. Federal Department/Agency: U.S. Department of Housing and Urban Development			7. Federal Program Name/Description: FFY 2010 Five Year and Annual Agency Plan CFDA Number, if applicable: _____		
8. Federal Action Number, if known: NA			9. Award Amount, if known: \$ 697,466		
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): NA			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): NA		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature:  Print Name: <u>J. Ross Dodson, Jr.</u> Title: <u>Executive Director</u> Telephone No.: <u>(423) 745-0341</u> Date: <u>7-14-10</u>		
Federal Use Only:				Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

Comments of Resident Advisory Board

The Athens Housing Authority (AHA) conducted its Resident Advisory Board (RAB) Meeting on May 17, 2010 at the AHA Community Room. The purpose of the meeting was to discuss the FY 2010 PHA Agency Plan with the Board and to receive their comments and recommendations relative to the contents of both the Five Year Plan and Annual Plan. A thorough explanation of the contents of the PHA Plan was discussed with the Board as well as how the AHA arrived with the information. The Board showed favorable consideration to the FY 2010 PHA Agency Plan and only had comments relative to capital improvements. It was noted that the improvements the RAB would like to see undertaken have been included in the Plan.

**Certification by State or Local
Official of PHA Plans Consistency
with the Consolidated Plan**

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Terri Jaynes the Planning Coordinator certify that the Five Year and
Annual PHA Plan of the Dayton Housing Authority is consistent with the Consolidated Plan of
State of Tennessee prepared pursuant to 24 CFR Part 91.

Terri Jaynes 7/8/10

Signed / Dated by Appropriate State or Local Official